

A case management fee is not reimbursable for any calendar month during which there is neither a face-to-face contact or other case managing service contact established with or on behalf of the recipient.

If a case manager contacts a Medicaid eligible client who has been assessed as being at risk, informs them in person of the service, and the client refused to be enrolled, the case management provider may bill for one case management service.

#### Coordination With Non-Medicaid Agencies -

In accordance with the responsibilities and exercise of authority specified in 42 CFR 431.10(e), the Department of Social Services, as the single state agency, enters into a cooperative agreement with the Missouri Department of Health concerning the provision of case management services for the targeted group(s) herein specified. This cooperative agreement, designated as Attachment 4.16-D, is compliant with the requirements at 42 CFR 431.615(d).

#### E. Qualifications of Providers:

Case Management providers must be enrolled as a Missouri Medicaid provider case management provider for TCM for pregnant women or 1905(a) EPSDT, and meet all of the following criteria:

1. At least two years' experience in the development and implementation of coordinated individual maternal and child health care plans.
2. Be able to demonstrate the ability to assure that every pregnant woman and infant/child being case managed has access to comprehensive health services.
3. A minimum of one year's experience in the delivery of public health or community health care services including home visiting.
4. Employ licensed registered nurses (R.N.'s); licensed clinical social workers with a minimum of one year's experience in medical social work, or licensed physicians (M.D.'s or D.O.'s) as case managers, and who have the following knowledge and abilities:
  - o Federal, state and local entitlement and categorical programs related to children and pregnant women such as Title V, WIC, Prevention of Mental Retardation, Crippled Children's Services, etc.
  - o Individual health care plan development and evaluation

State Plan TN# 93-45 Effective Date 10-01-93  
Supersedes TN# 89-27 Approval Date MAR 10 1994

- Community health care systems and resources
- Perinatal and child health care standards (ACOG, APP, etc.)
- To interpret medical findings
- To develop an individual case management plan based on an assessment of client health, nutritional status and psycho/social status, and personal and community resources
- To educate clients regarding their health conditions and implications of risk factors
- To reinforce client responsibility for independent compliance
- To establish linkages among service providers
- To coordinate multiple agency services to the benefit of the client
- To evaluate client progress in accessing appropriate medical care and other needed services

State Plan No. 88-6 Effective Date 1/1/88  
Supersedes No. \_\_\_\_\_ Approval Date 4/20/88